

## INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: 14 CELL: 215I am requesting: I request Dr. Wilkins to send me for my  
hernia surgery because I'm in the custody of Greene County  
Jail under RSMo you have to pay for it.Thank you4 14 18

TODAY'S DATE

Michael Hancock

INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

1 1  
TODAY'S DATE

SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

See inmate Rules + Regulations Section #6, Medical & Dental/  
Mental Health, page 26, 1-C.4 15 18  
TODAY'S DATELT [Signature]  
SIGNATURE OF SHIFT SUPERVISORDistribution: Original - Inmate  
Copy - Inmate FileNOT Medical STAFF

**SECTION #6****MEDICAL/DENTAL/MENTAL HEALTH****1. GENERAL PROVISIONS:**

- A. At the time of being booked in, the Classification Officer will ask you about your medical condition(s) and history. Please indicate any problem at this time. If you have a communicable disease, please advise the Classification Officer of this. A medical questionnaire will be completed on each inmate.
- B. The Medical staff will review initial medical screening and triage those inmates who require a physical evaluation will be seen by the Medical Staff.
- C. While incarcerated in the Greene County Jail, your medical care will be under the direction of the Jail's Physician. If you require care outside of the facility, you must assume responsibility for payment of that care.
- D. In the event of a medical emergency please notify staff who will notify the Medical Department. You will be seen by medical staff on duty and an appropriate triage decision will be made.
- E. While in the custody of Greene County your medical care will be under the medical direction of the Jail Physician. The medical staff will verify your home medications and/or outside prescriptions. Medications will be started once they are ordered by the Jail Physician. You may not be placed on the same medications and dosages that you are on at home. The Jail Physician has the final decision on your medical care while incarcerated. The Greene County Jail Medical Staff makes every effort to use non-pharmacological means to treat physical and mental health problems whenever possible.
- F. Inmates requiring a medical diet for **allergies** must submit an allergy questionnaire when classified during the booking process, documenting the allergy. Medical will then perform a lab/blood draw to test for the allergy. If the lab results are positive you will receive a medical diet and Greene County will pay for the lab test. If the lab results are negative, you will not receive a medical diet and will be responsible for paying \$47.17 for the lab test (cost subject to change). You may accept or decline the allergy test; however, declination will result in you not receiving a medical diet.

**2. MEDICAL ATTENTION:**

- A. The Jail's Physician visits the Jail at least two days each week and is on call 24/7. Additionally, there is other medical staff on duty 24/7.

[View the 2017 Missouri Revised Statutes](#) | [View Previous Versions of the Missouri Revised Statutes](#)

# **2011 Missouri Revised Statutes**

## **TITLE XIII CORRECTIONAL AND PENAL INSTITUTIONS**

### **Chapter 221 Jails and Jailers**

#### **Section 221.120. Medicine and medical attention for prisoners, definitions.**

**Universal Citation:** MO Rev Stat § 221.120.

#### **Medicine and medical attention for prisoners, definitions.**

221.120. 1. If any prisoner confined in the county jail is sick and in the judgment of the jailer, requires the attention of a physician, dental care, or medicine, the jailer shall procure the necessary medicine, dental care or medical attention necessary or proper to maintain the health of the prisoner. The costs of such medicine, dental care, or medical attention shall be paid by the prisoner through any health insurance policy as defined in subsection 3 of this section, from which the prisoner is eligible to receive benefits. If the prisoner is not eligible for such health insurance benefits then the prisoner shall be liable for the payment of such medical attention, dental care, or medicine, and the assets of such prisoner may be subject to levy and execution under court order to satisfy such expenses in accordance with the provisions of section 221.070, and any other applicable law. The county commission of the county may at times authorize payment of certain medical costs that the county commission determines to be necessary and reasonable. As used in this section, the term "medical costs" includes the actual costs of medicine, dental care or other medical attention and necessary costs associated with such medical care such as transportation, guards and inpatient care.

*Violates U.S. & Mo. Constitution*

## INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 203I am requesting: I am Requesting Dr Wilkins to  
send me to the hospital to get  
my Herina Fix. Its getting worse.2, 27, 18  
TODAY'S DATEMichael Hancock  
INMATE'S SIGNATURE

## \*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Picked up 2/27/2018 @ 0750 KSYou have been given information on how to successfully receive  
surgery (on 1/9/18). For any additional medical concerns please  
feel free to turn in a Sick Call AS LPN 2/28/181  
TODAY'S DATE

SIGNATURE OF POD OFFICER

## \*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

1  
TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate File

# Greene County Sheriff's Office

**TO:** Michael Hancock CFN# 1854765  
**FROM:** Capt Johnson  
**DATE:** 01-17-18  
**SUBJECT:** Administrative Remedy #2

Your Request for Administrative Remedy asks that the jail medical staff send you to see a specialist for your medical complaint.

I have to depend on the experience and expertise of the Mercy trauma doctor you saw, Dr. Wilkins and our medical staff. You were provided medical attention for your medical complaint and the outcome for the complaint was made by a licensed physician.

This matter is concluded.

## REQUEST FOR ADMINISTRATIVE REMEDY

1/13/18  
00:41

~~~~~

FROM: Hancock Michael D 1854765 B-216  
 LAST NAME, FIRST, MIDDLE INITIAL CFN NO. UNIT

PART A - INMATE REQUEST On 12-19-17 I requested that the medical staff at Greene County Jail send me to see a specialist for my back problems made worse by gunshot from Springfield Police & was denied This is in violation of state law to provide me with medical care & U.S. & Missouri Constitution. Under Estelle v. Gamble, 429 U.S. 97, 103 (1976).

Again I ask to be sent to a specialist about my back problems.

1-13-18  
DATE

Michael Hancock 1854765  
SIGNATURE OF REQUESTER

## PART B - RESPONSE

DATE  
ORIGINAL: RETURN TO INMATE

DIRECTOR  
CASE NUMBER: 2

## PART C - RECEIPT

CASE NUMBER: 2

RETURN TO: \_\_\_\_\_  
 LAST NAME, FIRST, MIDDLE INITIAL CFN NO. UNIT

SUBJECT: \_\_\_\_\_

DATE

RECIPIENT'S SIGNATURE (STAFF MEMBER)

## INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216I am requesting: NEED INFORMAL REQUEST FOR Remedy  
ON Medical For The charges I have  
Been charged For The problems that was  
caused By The Gunshots on May 11<sup>th</sup> 2017  
By Springfield Police Department.1 1 16 1 18  
TODAY'S DATEMichael Hancock  
INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Fwd to medical1 1 16 1 18  
TODAY'S DATEJamem # 1133  
SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

As of 1/22/18 you have been charged For 2 provider visits and 4  
sick calls. These are not accurate charges, there is supposed to be an  
additional 6 provider charges, 1 nurse sick call, and 3 pool calls. I will  
make sure your account is updated. Thank you for bringing this to our  
attention.1 1 22 1 18  
TODAY'S DATE[Signature]  
SIGNATURE OF SHIFT SUPERVISORDistribution: Original - Inmate  
Copy - Inmate File

## INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216I am requesting: I would like Administrative ~~Pod~~ Remedy  
Level 3 Because of deniate of Medical Care1, 12, 18  
TODAY'S DATEMichael Hancock  
INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

1 1  
TODAY'S DATE

SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

1 1  
TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate FileTurned in Level 3 To ~~Officer~~  
Officer Tayler on 1-12-18



# GREENE COUNTY JAIL INFORMAL REQUEST

## FOR REMEDY

INMATE: Michael Hancock 1854765 CELL: B-216 DATE: 1-8-18  
 DATE, TIME, & LOCATION OF INCIDENT: ON or About 12-19-2017 at Greene County Jail  
Medical

NATURE OF COMPLAINT: On or About 12-19-17 I requested The Doctor of this Jail to send me to a specialist for my Back problems. Not the trauma Surgeon who seen me for My Hernia & was told he could not do so unless I could pay. I request to be sent to a specialist for my back problems.

DATE: 1-8-18 INMATE SIGNATURE: Michael Hancock

RECEIVED BY OFFICER: STRECKER 897 DATE / TIME: 1/9/18 @ 2053

OFFICER'S RESPONSE: Meru Trauma has already evaluated you and no acute emergent issues were found. If a referral to a specialist was needed they would have been the ones to do it.

DATE/TIME RETURNED: 1/10/18 @ 0723 OFFICER SIGNATURE: [Signature]

If Dissatisfied With The Above Response, Appeal By Filling Out Bottom Portion Of This Form And Return To Control Room Officer Within 24 Hours.

I, THE ABOVE NAMED INMATE, AM DISSATISFIED WITH THE ABOVE RESPONSE AND WISH TO RESUBMIT TO THE SHIFT SUPERVISOR FOR FURTHER REVIEW AND CONSIDERATION BECAUSE:

STATE REASON: The question of Request has not been addressed in this issue. Again I request to see a specialist about my back problems.

DATE: 1-10-18 INMATE SIGNATURE: Michael Hancock

RECEIVED BY OFFICER: [Signature] 1300 DATE / TIME: 1/10/2018 @ 13:15

SUPERVISOR'S RESPONSE: You have been evaluated by outside physicians and have not been referred for any other eval.

DATE: 11 JAN 18 SUPERVISOR'S SIGNATURE: [Signature]

INMATE ADVISED AND GIVEN COPY OF RESPONSE. DATE / TIME

If Dissatisfied With The Supervisor's Response, Appeal By Submitting A Request For Administrative Remedy, Level #3, Administrative Assistant of the Jail Within 2 Calendar Days.

DISTRIBUTION : LEVEL #1 ALL COPIES RETURNED TO INMATE

LEVEL #2 Orig. WHITE = INMATE FILE

Copy YELLOW = INMATE , FOR ATTACHMENT TO LEVEL #3 REQUEST

Copy PINK = INMATE, FOR RETENTION

GREENE  
COUNTY

# INFORMAL REQUEST

## JAIL FOR REMEDY

INMATE: Michael Husecock 1854765 CELL: B-216 DATE: 1-9-18

DATE, TIME, & LOCATION OF INCIDENT: on or about 12-19-2017 at Greene County Jail

NATURE OF COMPLAINT: On or about 12-19-17 I requested the Doctor of this Jail to send me to a specialist for my back problems. Not the previous Surgeon who sent me to the Dr. Harris. Harris told he could not help unless I could pay. I request to be sent to a specialist for my back problems.

DATE: 1-8-18 INMATE SIGNATURE: Michael Husecock

RECEIVED BY OFFICER: S-REC-Ren 897 DATE / TIME: 1/4/18 @ 2:05

OFFICER'S RESPONSE: I am sorry you are having back problems. I will get you a referral to a specialist. I will get you a referral to a specialist.

DATE/TIME RETURNED: 1/10/18 OFFICER SIGNATURE: [Signature]

If Dissatisfied With The Above Response, Appeal By Filling Out Bottom Portion Of This Form And Return To Control Room Officer Within 24 Hours.

I, THE ABOVE NAMED INMATE, AM DISSATISFIED WITH THE ABOVE RESPONSE AND WISH TO RESUBMIT TO THE SHIFT SUPERVISOR FOR FURTHER REVIEW AND CONSIDERATION BECAUSE:

STATE REASON: The question of request has not been addressed in this issue. Again I request to see a specialist about my back problems.

DATE: 1-10-18 INMATE SIGNATURE: Michael Husecock

RECEIVED BY OFFICER: [Signature] DATE / TIME: 1-10-18

SUPERVISOR'S RESPONSE: You have been evaluated by outside physicians and have not been referred for any other eval.

DATE: 11 JAN 18 SUPERVISOR'S SIGNATURE: [Signature]

INMATE ADVISED AND GIVEN COPY OF RESPONSE. DATE / TIME

If Dissatisfied With The Supervisor's Response, Appeal By Submitting A Request For Administrative Remedy, Level #3, Administrative Assistant of the Jail Within 2 Calendar Days.

DISTRIBUTION : LEVEL #1 ALL COPIES RETURNED TO INMATE

LEVEL #2 Orig. WHITE = INMATE FILE  
Copy YELLOW = INMATE , FOR ATTACHMENT TO LEVEL #3 REQUEST  
Copy PINK = INMATE, FOR RETENTION

INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: On 1-4-18 I filed an Informal Request For REMEDY & returned it to Officer Hick 10267 at 02:10 AM. When it was returned to me by Cpl R. Lewis The top page (white copy) was not there. I can't continue with out the white copy would you please return the white copy.

Thank you.

1 1 8 1 18  
TODAY'S DATE

Michael Hancock  
INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 1  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1 1  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate File

INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: I am in need of a Informal Request For Remedy  
For violation of my 8<sup>th</sup> Amendment right, Missouri Constitution  
Article I sec. 21 cruel & unusual punishment For denial of Medical  
Case.

Thank you.

1 1 3 1 18

TODAY'S DATE

Michael Hancock

INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

1 1  
TODAY'S DATE

SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

you were seen by your trauma  
surgeon. He did NOT refer you to  
a specialist. Thanks!  
BW BN

1 1  
TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
 Copy - Inmate File

INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: I was evaluated by my trauma Surgeon at mercy  
For my Hernia NOT For the nerve damage that I requested  
to see a specialist for. (I was referred for surgery.)  
Again why ~~did~~ ~~the~~ ~~Dr.~~ will the Doctor not send me  
to see a specialist For my NERVE damage in my Back. I would  
Like that in writing.

Thank you.

1 1 2 1 18

TODAY'S DATE

Michael Hancock

INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Pod: MEDICAL

1 1 3 1 18

TODAY'S DATE

Murray 1203

SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

You were seen by your trauma Surgeon.  
He did not refer you to a specialist.

BN, RN

1 1  
TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
 Copy - Inmate File

JAL-ADMIN 106

## INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216I am requesting: I would like for the Dr. to tell me in writing  
why he can not send me to see a specialist for my  
Back problems.Thank you.1 1 1 2018  
TODAY'S DATEMichael Hancock  
INMATE'S SIGNATURE

## \*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Fwd to Med.  
PIU 11118 @ 2000 AS UPN1 1 1 18  
TODAY'S DATEHitchcock 1170  
SIGNATURE OF POD OFFICER

## \*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

You were evaluated by your  
Trauma Surgeon at Mercy and were  
not referred to any specialist.  
Medicap1 1  
TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate File



INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: I NEED A Administrative Remedy For violation  
OF RSMo & US ~~Con~~ Constitution For denial of Medical  
Care.

Thank you

1 1 1 2018  
 TODAY'S DATE

Michael Hancock  
 INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Filed to Med.  
PIU 111110 @ 2000 AS UPN

1 1 1 18  
 TODAY'S DATE

H. H. H. 1170  
 SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

1 1  
 TODAY'S DATE

SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
 Copy - Inmate File

#2

GREENE COUNTY SHERIFF'S OFFICE

JAIL DIVISION

INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: I NEED A COPY OF my medical File  
FROM NOW TO 2008 FOR legal REASONS

NOTE: I AM INDIGENT.

11.17.17  
TODAY'S DATE

Michael Hancock  
INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

FWD to Medical

11.17.17  
TODAY'S DATE

J. Methers #1270  
SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

It costs \$22.01 to open your chart plus .52¢  
per page after that. Your lawyer can request it  
at no charge. ————— medical

11.17.17  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate File

JAL-ADMIN 106



#1

GREENE COUNTY SHERIFF'S OFFICE

JAIL DIVISION

INMATE REQUEST TO STAFF

FROM: Michael Hancock CFN: 1854765 POD: B CELL: 216

I am requesting: I NEED A complete copy of  
my medical file all the way  
to 2008.

11 / 16 / 17  
TODAY'S DATE

Michael Hancock  
INMATE'S SIGNATURE

\*\*\*\*\* POD OFFICER IN CHARGE RESPONSE \*\*\*\*\*

Fwd: Medical

11 / 16 / 17  
TODAY'S DATE

mf 1258  
SIGNATURE OF POD OFFICER

\*\*\*\*\* SHIFT SUPERVISOR RESPONSE - IF NEEDED \*\*\*\*\*

Its \$22.01 to open the chart 40.52 per page and will  
be placed in your property.

11 / 17 / 17  
TODAY'S DATE

[Signature]  
SIGNATURE OF SHIFT SUPERVISOR

Distribution: Original - Inmate  
Copy - Inmate File

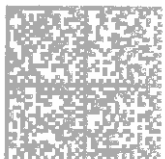
JAL-ADMIN 106

Michael Hameck #1954765  
GREENE COUNTY Jail  
1060 N Booneville Ave.  
Springfield, Mo. 65802

RECEIVED

2018 MAY 29 PM 12:13

U.S. DIST. COURT  
KANSAS CITY, MO.



UNITED STATES POST  
02 1P  
00068976;  
MAILED PER

SCREENED BY  
U.S. MARSHALS

LEGAL MAIL

U.S. District Court  
Office of Clerk  
1510 Whitaker Courthouse  
400 E. Ninth Street  
Kansas City, Mo. 64106